

## Reduced Rate Fishing License Application For Disabled Residents and Residents With Impaired Vision

Form 9400-527 (R 5/04)

**Disabled Residents** – Complete Sections 1 and 2.  
**Residents With Impaired Vision** – Complete Sections 1 and 3.

**Fees:** Resident Disabled \$7.00  
Resident Disabled Veteran \$3.00  
(Mail-in applications add \$3.00)

**License valid April 1 – March 31**

**Notice:** Use of this form is required by the Department for any application filed pursuant to s. 29.024(3), Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support enforcement) purposes and other secondary purposes.

### Section 1. Applicant Information (All applicants must complete) Please print or type

Last Name	First	MI	Social Security Number *		
Street Address			Wisconsin Driver's License Number **		
City	State	ZIP Code	Telephone Number (include area code)		
Date of Birth (Mo - Day - Yr)	Eye Color	Hair Color	Weight	Height	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

\* A social security number is REQUIRED when applying for a license listed s. 29.024(2g), Wis. Stats. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development to determine liability for delinquent child or family support.

\*\* The Wisconsin driver's license number that is being used by the new automated license issuance system is different than the number most of us refer to. On each driver's license, there is a totally numeric 11-digit string of numbers when must be provided. If you have a new driver's license with the magnetic stripe on the back, this 11-digit number can be found in the lower left-hand corner of the license. If you have an older driver's license, the number is located in the upper right-hand corner underneath your license expiration date.

### Section 2. Disabled Residents

Pursuant to the provisions of ss. 29.024 and 29.193(3), Wis. Stats., I hereby apply for a fishing license issued to residents who have been determined to be disabled and due to the disability are receiving Social Security Disability, Supplemental Security Income for disability, Railroad Retirement, or Veteran's disability compensation for a reduction in earning capacity that is rated greater than 70%.

I hereby certify that I have maintained my permanent residence in Wisconsin for the previous thirty days and that my license privileges are not otherwise revoked.

Signature of Applicant

Date Signed

The applicant must produce evidence indicating he/she has been determined disabled and is receiving benefits. The following are acceptable as evidence:

1. Social Security Disability Award Notice.
2. Letter from Social Security Administration advising that you are receiving disability benefits.
3. Letter or Notice of Railroad Retirement.
4. Veteran's Disability Award Letter showing percentage of disability.
5. A Letter from Veterans Administration which indicates receiving disability benefits and the percentage of disability.
6. Medical Assistance Card with an agency code starting with the number "7".

### Section 3. Residents With Impaired Vision

Pursuant to the provisions of Sections 29.024 and 29.193(3), Wis. Stats., I hereby apply for a fishing license issued to residents with impaired vision, to take, capture, and kill fish, or fish for fish in all publicly owned waters of the State of Wisconsin during the open season, and in the manner provided by the Wisconsin Statutes and Wisconsin Administrative Code.

I hereby certify that I have maintained my permanent residence in Wisconsin for the previous thirty days and that my license privileges are not otherwise revoked.

I hereby submit as proof of my impaired vision the following certificate from a licensed physician or optometrist.

Signature of Applicant

Date Signed

### TO BE COMPLETED BY A LICENSED PHYSICIAN OR OPTOMETRIST

I hereby certify the sight of \_\_\_\_\_ is impaired to the degree that he/she cannot read ordinary newspaper print with or without corrective glasses.

Signature of Licensed Physician or Optometrist